

APPLICATION FORM
U.S Embassy Kyiv Public Diplomacy Grants Program

Public Affairs Section of the U.S. Embassy
4 Sikorsky St. (formerly Tankova), Kyiv 04112

Tel.: (044) 521 5674
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PLEASE FILL OUT, SAVE AND SEND TO KyivPDGrants@state.gov

This form and program description can be found at:

<http://ukraine.usembassy.gov/pd.html>

A Ukrainian language version can be found at:

<http://ukrainian.ukraine.usembassy.gov/pd.html>

Attention!!!

The fields in this document are a fixed length. If you need more space, please continue on a separate sheet and include the separate sheets as part of your complete application. Please do not use the WinRAR file format. If large files or photographs are part of your application, please use the WinZIP file format.

1. Applicant Information

Note: Organizational applications should complete section 1a. Individual applicants should leave section 1a blank and continue to section 1b.

1a. Information: Organization

| | |
|----------------------------------|----------------------|
| Name | <input type="text"/> |
| Head (name, position) | <input type="text"/> |
| Legal address | <input type="text"/> |
| Physical address | <input type="text"/> |
| Mailing address | <input type="text"/> |
| Project Manager (name, position) | <input type="text"/> |
| Telephone, fax | <input type="text"/> |
| Email | <input type="text"/> |
| Website | <input type="text"/> |

Date organization was established

Primary goals

Grants received in the Last 3 years from the U.S. government or other donors

Two or three examples of the organization's most successful activities

Equipment, office space

Professional expertise and resources that your organization already has

Note: Organizational applications should leave section 1b blank. Individual applicants should complete section 1b.

1b. Information: Individual

Last name _____

First name _____

Home address

Home address

Telephone _____

Email _____

Work address

Organization/Institution _____

Department/Faculty _____

Position _____

Work address _____

Telephone, fax _____

Email _____

2. PARTNER(S) if applicable

3. PROJECT NAME AND BRIEF SUMMARY

no more than 2-3 sentences

4. PROJECT DATES from _____ to _____

5. PROJECT DESCRIPTION

a) PROJECT JUSTIFICATION / PROBLEM STATEMENT- why is this needed for Ukraine and the particular region; describe target audience by age groups, occupation, number of program participants, etc.:

b) PUBLIC OUTREACH/MEDIA STRATEGY - explain how the individual or organization will publicize the project (media events; Internet; other communication strategies):

c) MONTHLY WORK PLAN

[illegible]

6. BUDGET

a) AMOUNT REQUESTED (in USD) _____

BUDGET INSTRUCTIONS

Budget should contain detailed descriptions of all categories. Budget items should be concrete and linked to the narrative. Bank information including the name, address, account number, MFO code and EDRPOU code must be included (see page 1). Budget should be presented in U.S. dollars, rounded to the nearest dollar.

Please feel free to change names of subcategories, type over all existing text and re-number the entries as necessary. Fields are fixed-length, so please continue typing in the cells below if you need more space. Only numbers can be entered in the three right columns that display amount.

b) ITEMIZED COST BREAKDOWN

| No | Budget Item | Detailed Description | Requested Amount | Your Contribution | Contribution, other sources |
|----|-------------|----------------------------------|------------------|-------------------|-----------------------------|
| 1. | Personnel | The amounts should include taxes | | | |
| | | \$ per month * number of months | | | |
| | | (% of work time in the project) | | | |
| | | Honoraria | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

| | | | | | |
|----|-----------------|--|--|--|--|
| 2. | Fringe Benefits | | | | |
| | If any | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

c) ITEMIZED COST BREAKDOWN (continued)

| No | Budget Item | Detailed Description | Requested Amount | Cost-sharing | Total |
|-----------|------------------------|----------------------|------------------|--------------|-------|
| 3. | Travel expenses | | | | |
| 3.1 | Travel expenses | | | | |
| 3.3 | Lodging expenses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

| | | | | | |
|-----------|------------------|----------------------|--|--|--|
| 4. | Equipment | | | | |
| | Item description | Price in \$ * number | | | |
| | Venue rental | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

| | | | | | |
|----------|-------------------------|-----------------------|--|--|--|
| 5 | Supplies | | | | |
| | Office supplies | Amount in \$ * months | | | |
| | Handouts (Publications) | Amount in \$ * months | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

| | | | | | |
|-----------|--------------------|--|--|--|--|
| 6. | Contractual | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

d) ITEMIZED COST BREAKDOWN (continued)

| No | Budget Item | Detailed Description | Requested Amount | Cost-sharing | Total |
|----|--------------------|----------------------|------------------|--------------|-------|
| 7. | Other direct costs | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal | | | | |

| | | | |
|-----|--------------------|--|--|
| 8. | Total direct Costs | Lines 1-8 | |
| 9. | Indirect Costs | Reflect provisional, pre-determined rate and allocation base | |
| 10. | Total Costs | Lines 8-9 | |
| 11. | Cost-sharing | | |

Notes:

- Budgets should contain an estimate of bank fees.
- Funding should not duplicate on-going activities but could supplement such initiatives.
- Funds should not be used for **food expenses**. However, if coffee breaks or working lunches for seminar/conference

participants are an integral part of the overall project, and funding is not available from other sources, these costs may be covered. This line should be limited to a maximum of 10% of the total award. Meals should not include alcoholic beverages.